

FRATERNAL SOCIETIES

COMPANY NAME _____ **NAIC COMPANY CODE** _____

CONTACT _____ **PHONE** _____

REQUIRED FILINGS IN THE STATE OF: WISCONSIN

Filings Made During the Year 2002

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATES	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	2	1	1	3/1	NAIC	A-L, W
	1.1	Printed Schedule A detail	2	1	1	3/1	NAIC	A-L
	1.2	Printed Schedule B detail	2	1	1	3/1	NAIC	A-L
	1.3	Printed Schedule BA detail	2	1	1	3/1	NAIC	A-L
	1.4	Printed Schedule D – Parts 1-6 detail (excluding Part 1A)	2	1	N/A	3/1	NAIC	A-L
	1.5	Printed Schedule DA – Part 1 detail	2	1	1	3/1	NAIC	A-L
	1.6	Printed Schedule DB detail	2	1	1	3/1	NAIC	A-L
	1.7	Printed Schedule E – Part 1 detail	2	1	1	3/1	NAIC	A-L
	1.8	Printed Schedule DM	2	1	1	3/1	NAIC	A-L
	2	Quarterly Financial Statement (8 1/2" x 14")	2	XXX	1	5/15, 8/15, 11/15	NAIC	A-K, Q, W
	3	Separate Accounts Annual Statement (8 1/2"x 14")	2	1	1	3/1	NAIC	A-K, W
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	1	1	5/1	NAIC	A-L
	11	Interest Sensitive Life Insurance Products Report	2	1	1	4/1	NAIC	A-L
	12	Investment Risk Interrogatories	2	1	1	4/1	NAIC	A-L
	13	Long Term Care Experience Reporting Forms	2	1	1	4/1	NAIC	A-L
	14	Long Term Care Insurance Exhibit	2	1	1	3/1	NAIC	A-L
	15	Management Discussion & Analysis	2	1	1	4/1	Company	A-L
	16	Medicare Supplement Insurance Experience Exhibit	2	1	1	3/1	NAIC	A-L
	17	Risk-Based Capital Report	XXX	1	N/A	3/1	NAIC	V
	18	Statement of Actuarial Opinion	2	1	1	3/1	Company	A-L
	19	Statement on non-guaranteed elements – Exhibit 8 Interrogatory #12	2	1	1	3/1	Company	A-L
	20	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A-L
	21	Supplement to Valuation Report	2	1	1	6/30	NAIC	A-L
	22	SVO Compliance Certification	2	1	1	3/1, 5/15, 8/15, 11/15	NAIC	A-L, Q
	23	Trusted Surplus Statement	2	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A-K, Q
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	V
	31	March .PDF Filing	XXX	1	XXX	3/1	NAIC	V
	32	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	V
	33	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	V
	34	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	V
	35	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	V
	36	June .PDF Filing	XXX	1	XXX	6/1	NAIC	V
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	A-K
	52	Audited Financial Statements	2	1	1	6/1	Company	A-K
	53	Audited Financial Statements Exemption Affidavit	2	N/A	1	6/1 if applicable	State	A-K
	54	Designation of Independent CPA	2	N/A	N/A	As needed	Company	A-K, N
	55	Notification of Adverse Financial Condition	2	N/A	1	As needed	Company	A-K, O
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	1	8/1 if needed	Company	A-K, P
	57	Request for Exemption to File	1	N/A	1	As needed	Company	J
	58	CPA Audit Checklist	2	N/A	1	6/1	State	A-K

(Continued on Page 2)

* If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

** If NAIC is shown as Form Source, the form should be obtained from the appropriate vendor.

FRATERNAL SOCIETIES

(Continued from Page 1)

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATES	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	XXX	N/A	XXX	None	State	
	102	Certificate of Deposit	XXX	N/A	XXX	None	State	
	103	Certificate of Valuation	2	N/A	1	4/1	State	A-K
	104	Filings Checklist (with Column 1 completed)	2	1	1	3/1, 5/15, 8/15, 11/15	State	A-K, Q
	105	Schedule of Fees	1	N/A	1	3/1	State	A-K, R
	106	Compulsory and Security Surplus Calculation	2	N/A	1	3/1, 5/15, 8/15, 11/15	State	A-K, Q
	107	Agents Commissions on Wisconsin Business	2	N/A	1	3/1	State	A-K
	108	Report of Executive Compensation	2	N/A	XXX	3/1	State	A-K
	109	Health Insurance Risk-Sharing (HIRSP) Assessment Form	1	N/A	1	3/1	State	A-K
	110	Holding Company Registration Statement-Forms B&C	1	N/A	XXX	6/1	Company	A-K, T
	111	Holding Company Prior Notice of a Transaction-Form D	1	N/A	XXX	As needed	Company	A-K, T
	112	Fraternal Expenditures, Activities, and Programs	1	N/A	1	6/1	State	A- K

* If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

** If NAIC is shown as Form Source, the form should be obtained from the appropriate vendor.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) Checklist—Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)—Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)—Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)—Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

Column (5) (Due Date)—Indicates the date on which the company must file the form.

Column (6) (Form Source)—This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally on its web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)—This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Yvonne Sherry (608)266-0091
B	Mailing Address for all filings EXCEPT payment form and check:	<p>For US Mail: Office of Commissioner of Insurance P O Box 7873 Madison WI 53707</p> <p>Street Address (for hand delivery) Office of Commissioner of Insurance 121 E Wilson St Madison WI 53702</p>
C	Mailing Address for Filing Fees: This is a direct deposit drawer - no street address available.	All taxes and Annual Fees, along with payment form must be sent to: Drawer Number 566 Milwaukee WI 53293-0566
D	Mailing Address for Premium Tax Payments:	Checks should be payable to “Commissioner of Insurance.”
E	Delivery Instructions:	<p>All filings (other than payment form and checks) should be physically received at address in Note B by the due date.</p> <p>If the due date falls on a weekend or holiday, the deadline is extended to the next business day.</p> <p>Payment form and checks should be sent US mail only to the Drawer address in Note D. Date of receipt is the date payment form and check are received and cashiered at bank, Drawer #566, Milwaukee WI 53293-0566.</p>
F	Late Filings:	Late filings may be subject to forfeitures under s. 601.64 Wis. Stats.
G	Original Signatures:	Original manual signatures are required on one copy of all filings which require signatures, except that the Jurat signatures for nondomestic insurers may be photocopies of originals.
H	Signature/Notarization/Certification:	The deposition on the jurat page must be signed in accordance with the requirements of the state of domicile. Wisconsin-domiciled insurers are required to have the notarized manual signatures of the President, Treasurer, and Secretary except if the Treasurer does not have charge of the accounts of the insurer, enter the signature and title of the individual that does. If appropriate corporate officers are incapacitated or otherwise not available due to personal emergency, vice presidents or assistant officers may sign the statement.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment. A listing of any changes made to the prior year's filed annual statement must accompany the current year's annual statement if the prior year columns of the current annual statement do not agree to the prior year's filed statement, with an explanation of changes, including whether these changes were made at the direction of a state insurance department, NAIC, or CPA audit.

J	Exceptions from normal filings:	Any exemptions or extensions to filing requirements must be made in advance in writing. Any approvals will be made in writing.
K	Bar Codes (State or NAIC):	All NAIC forms should contain bar codes as instructed by the NAIC Annual Statement Instructions. Wisconsin specific forms do not require bar codes.
L	NONE Filings:	See NAIC Annual Statement Instructions. Blank schedules will not be considered filed. If no entries are to be made, write "None" across the schedule in question or complete appropriate interrogatory of the "Supplemental Exhibits and Schedules Interrogatories" page of the annual statement blank.
M	Filings Discontinued or Modified Materially Since Last Year:	Officers & Directors Information - No Longer Required
N	Change of CPA:	See CPA Audit Checklist for notification requirements for change of CPA.
O	Notification of Adverse Financial Condition:	Follow NAIC Annual Statement Instructions and s. Ins 50.11, Wis. Adm. Code.
P	Deficiencies in Internal Controls:	Filed only if issued by CPA firm.
Q	Quarterly Filings:	Domestic insurers are required to file quarterly. Foreign insurers are required to file quarterly only if notified by letter.
R	Schedule of Taxes and Fees:	Schedule of Taxes and Fees form, instructions, and payment form (replaces preprinted voucher) are located on the OCI Web site.
S	Mortgage Guaranty Insurers:	Mortgage Guaranty Insurers must file the "Report of Policyholders Position" (OCI 22-093) instead of the "Property and Casualty Compulsory and Security Surplus Calculation."
T	Holding Company Filings:	Only applies to Wisconsin-domiciled insurers which are a member of an insurance holding company system. See Chapter Ins 40, Wis. Adm. Code.
U	Schedule SIS:	Only applies to insurers with 100 or more stockholders.
V	Electronic Filings:	These items need to be filed with NAIC only.
W	Size of Statement:	9 X 14 or 8 1/2 X 14 size annual statement and quarterly statement only. Statements need to be bound.
Y	Combined Annual Statement:	Upon request only.
Z	Participating and Nonparticipating Annual Statements:	Stock life insurer which has both participating and nonparticipating insurance in force in Wisconsin must file a separate annual statement for each type of business in addition to the combined statement. This does not apply to where paid up, temporary, or pure endowment insurance is granted in exchange for lapsed or surrendered policies. The participating and nonparticipating annual statements shall consist of annual statement blank pages 1 through 4, 24, and 25. Page 1 of both shall be signed in the same manner as the complete annual statement.



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

Wisconsin.gov

121 East Wilson Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
http://badger.state.wi.us/agencies/oci/oci_home.htm

TO: ALL INSURERS

SUBJECT: 2001 ANNUAL STATEMENT INSTRUCTIONS

Attached please find the "Required Filings in the State of Wisconsin" checklist. Please return a copy of this form as a checklist when making required filings.

Each licensed insurer shall file its annual financial statement on the NAIC Annual Statement blank appropriate for the lines of business it is licensed to write: Fire and Casualty, Life and Accident and Health, Fraternal Orders, Title Insurance, Health Insurance (including Health Maintenance Organization, Hospital, Medical, and Dental Service or Indemnity Corporations, Limited Health Service Organizations). Each company shall comply with the applicable NAIC Annual Statement Instructions, and shall comply with accounting practices prescribed or permitted by the NAIC Accounting Practices and Procedures Manual, unless otherwise required or permitted by the Wisconsin Statutes and Administrative Code, or as ordered or instructed by the Commissioner. NAIC Annual Statement Instructions are available in loose-leaf form with update service from NAIC, P. O. Box 263, Dept. 42, Kansas City, MO 64193-0042.

PURSUANT TO s. Ins 50.25, Wis. Adm. Code, all Fire and Casualty, Life, Accident and Health, Fraternal, Health Maintenance Organizations, and Hospital, Medical and Dental Service or Indemnity (HMDI) insurers will be required to file their 2001 financial statement information electronically with the NAIC on or before March 1, 2002. All quarterly statements should also be filed electronically with the NAIC within 45 days of the end of each quarter. Failure to file will result in forfeiture. This is in addition to the filing of the same statement in printed form with the NAIC.

A check payable to the Commissioner of Insurance for taxes and fees, along with **payment form, must** be sent to Drawer Number 566, Milwaukee, WI 53293-0566, on or before March 1, 2002. All other filings should be submitted to the Office of the Commissioner of Insurance in Madison, Wisconsin. Failure to comply may result in forfeiture pursuant to s. 601.64, Wis. Stat.

NOTES TO FINANCIAL STATEMENTS

The completion of Notes to Financial Statements is required in the annual statement blanks. See the instructions for completing the blanks for the required information and format.

SUPPLEMENTAL EXHIBITS AND SCHEDULES—INTERROGATORIES

These interrogatories must be completed accurately and completely by all insurers. Complete the supplemental exhibits and schedules interrogatories of the annual statement, which indicates the required NAIC supplemental forms to be filed and dates due.

VALUATIONS OF SECURITIES

Insurers licensed in Wisconsin are required to file acquisitions with the NAIC Securities Valuation Office as specified in the NAIC Annual Statement instructions. Attention is directed to Section 5 and Section 8 of the NAIC Valuations of Securities manual which relate to the general instructions for submission of information to the subcommittee on the valuation of securities.

MORTGAGE LOANS

Insurers shall comply with SSAP 37 of the NAIC Accounting Practices and Procedures Manual regarding past due interest on mortgage loans.

CREDIT FOR REINSURANCE—CHAPTERS INS 52 and 55, WIS. ADM. CODE

For purposes of the annual statement filed with the state of Wisconsin, all licensed insurers must comply with the statutory standards for admissibility of reinsurance ceded to unlicensed reinsurers. Chapter Ins 52, Wis. Adm. Code, applies to reinsurance ceded under agreements entered into, or renewed, on or after August 1, 1993. In addition, in order that credit may be taken for reinsurance, each reinsurance contract must constitute an undertaking by the reinsurer to indemnify the ceding insurer, not only in form but in fact, against loss or liability by reason of the original insurance. Any life reinsurance contract which meets one or more of the terms of s. Ins 55.02, Wis. Adm. Code, would not result in a valid exchange of risk, and the ceding company may not take credit for such reinsurance without the specific approval of this office. All insurers are reminded that any reinsurance not in the normal and usual course of business shall be reported to this office not less than 30 days in advance of the proposed effective date, pursuant to s. 611.78, Wis. Stat., and is subject to disapproval.

LIABILITIES

Appropriate liabilities must be established in the annual statement for contractual obligations extending beyond December 31 of the statement year, including those under employment contracts.

PREMIUM TAXES AND FEES

Please take note, there is now a new quarterly and year-end premium tax payment form (replaces the preprinted vouchers) located on the OCI Web site at <http://badger.state.wi.us/agencies/oci/ociforms.htm>.

This same form is to be used by companies that pay fees only.

If a company has an overpayment or zero payment due, no filing is required to be submitted.

Year-end and quarterly payments are to be mailed to Drawer #566, Milwaukee, WI 53293-0566 **NOT** to the Madison address. Failure to comply may result in forfeiture, pursuant to s. 601.64, Wis. Stat.

REPORTS TO POLICYHOLDERS OR STOCKHOLDERS

Financial statements contained in reports to policyholders or stockholders or the public in this state must conform to either the filed statutory statement or the CPA audit report required by ch. Ins 50, Wis. Adm. Code.

AUDITED FINANCIAL REPORT

All insurers shall have an annual audit by an independent certified public accountant and shall file an audited statutory basis financial report as a supplement to the annual statement by June 1 for the prior year's annual statement in accordance with ch. Ins 50, Wis. Adm. Code, unless the insurer qualifies for an exception under s. Ins 50.02, Wis. Adm. Code, or has been granted an exemption under s. Ins 50.16, Wis. Adm. Code. The CPA Audit Checklist included in this packet should accompany the June 1 filing.

POLICYHOLDER DIVIDENDS

Action by the board to apportion dividends (whether as a fixed amount as of December 31 of the current year or as an amount produced by application of a formula that may be influenced by subsequent events specified in the formula) converts surplus into a binding liability of the company. The amount of this liability cannot be changed to reflect subsequent events not specified in formula. Estimates of apportioned dividends and the date to which dividends are apportioned for payment are reported at Page 3, Line 6.1. Full provision must also be made for dividends not yet apportioned. Estimates of unapportioned dividends are reported at Line 6.2.

DISCOUNTING OF LOSS RESERVES

Wisconsin insurers shall not discount loss reserves except in those instances where discounting of reserves or tabular reserves are specifically prescribed or permitted by Wisconsin Statutes, the Wisconsin Administrative Code, or specifically authorized by the Commissioner.

SURPLUS NOTES (CONTRIBUTION NOTES)

Insurers shall comply with SSAP 41 of the NAIC Accounting Practices and Procedures Manual regarding the reporting for and disclosures about surplus notes (contribution notes), including approved and unapproved interest.

RISK-BASED CAPITAL (RBC)

Wisconsin-domiciled life, health, fraternal benefit societies, and property and casualty insurers (other than monoline Financial Guaranty and Mortgage Guaranty insurers) are required to file the RBC report with the NAIC unless exempted in writing by the Commissioner. The reports are filed with the NAIC electronically, along with a hard copy. The reports are due at the NAIC annually by March 1. The materials necessary to file RBC can be obtained from NAIC Publications, P. O. Box 263, Dept. 42, Kansas City, Missouri 64193-0042.

The annual statement five-year historical data section discloses RBC items. These items must be completed by Wisconsin-domiciled life, health, fraternal, and property and casualty insurers unless exempted in writing by the Commissioner.

If you have any questions, please contact Yvonne Sherry (608) 266-0091 or yvonne.sherry@oci.state.wi.us.

Enclosure

**FRATERNAL
COMPULSORY AND SECURITY
SURPLUS CALCULATION**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section Ins 51.80, Wis. Adm. Code

INSTRUCTIONS: This form is required of all Fraternal insurers licensed in Wisconsin. Failure to complete this form will result in forfeiture. Round all figures to the nearest dollar. Send completed form, with all annual statement filings, to above address, by **MARCH 1**.

Insurer Name	NAIC Number
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NATIONWIDE BUSINESS FOR YEAR ENDING DECEMBER 31, _____

	A Life and Accident & Health	B Annuities	C Totals columns A+B
1. Complete the following for nationwide business:			
a. Net Premiums Written (From Annual Statement, Exhibit 1, Part 1, Lines 6.4 + 10.4 + 16.4)			
b. Refunds to Members (Total from Annual Statement, Exhibit 7, Line 9)			
c. Subtotal (Line 1a. less Line 1b.)			
d. Add Modified Coinsurance Premiums Ceded			
e. Subtotal (Line 1c. plus Line 1d.)			
f. Modified Coinsurance Premiums Assumed			
g. Subtotal (Line 1e. minus Line 1f.)			
h. Factor15	.075	NA
i. Totals (Line g times Line h)			NA

(continued on next page)

Insurer Name

2. Amount of Reserve for Annuities and Deposit Administration Funds (Annual Statement, Exhibit 8, Line 0499999, Total Reserve, plus the appropriate part of "Liability for premium and other deposit funds," Page 3)

Factor

X .02

3. Total (Line 2 times .02)

4. Compulsory Surplus (Line 1i., column A) plus [greater of (Line 1i., Column B) or (Line 3)]

5. Total Premium (Line 1g., Column C)

6. Security Surplus Factor: Enter percentage from the attached Table of Security Surplus Percentages, based on premium entered in Line 5

7. Security Surplus (Line 4 times Line 6)

8. Comparison of Assets Less Liabilities to Compulsory and Security Surplus

a. Assets (may include investment in insurance subsidiaries only to the extent that the value of any subsidiary owned by this company exceeds the subsidiary's security surplus)

b. Total Liabilities
(From Annual Statement, Page 3)

c. Subtotal
(Line 8a. less Line 8b.)

d. Compulsory Surplus
(Line 4 above)

e. Total Excess (Deficiency)
(Line 8c. less Line 8d.)

f. Assets Less Liabilities
(Line 8c.)

g. Security Surplus
(Line 7 above)

h. Total Excess (Deficiency)
(Line 8f. less Line 8g.)

Title of Officer

Name of Officer (Type or Print)

Date

Signature of Officer

TABLE OF SECURITY SURPLUS PERCENTAGES

Premiums Earned*		Security Surplus %
More Than	Less Than	
0	43	140
43	76	139
76	109	138
109	142	137
142	175	136
175	208	135
208	241	134
241	274	133
274	307	132
307	340	131
340	373	130
373	406	129
406	439	128
439	472	127
472	505	126
505	538	125
538	571	124
571	604	123
604	637	122
637	670	121
670	703	120
703	736	119
736	769	118
769	802	117
802	835	116
835	868	115
868	901	114
901	934	113
934	967	112
967	1000	111
1000		110

* Last 000000 omitted.

**AGENTS COMMISSIONS ON
WISCONSIN BUSINESS**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.42, Wis. Stat.

INSTRUCTIONS: Attach commission rate schedules **or** complete schedule below, listing commission rates in percentages, per the requirements of s. 628.81, Wis. Stat.

Insurer Name	NAIC Group	NAIC Number
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Number of Agents	Class or Line of Insurance	Commission Basic Rate	Commission Contingent Rate

**FRATERNAL
SCHEDULE OF FEES**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Sections 76.66 and 601.31, Wis. Stat.

INSTRUCTIONS: Have officer sign and date form and forward with annual statement by **MARCH 1**. Submit check, payable to the Commissioner of Insurance, for fees to the address on payment form located on the OCI Web site by **MARCH 1**.

Insurer Name		NAIC Group Number	NAIC Company Number
State of Domicile	Individual Responsible for Preparing Form		Telephone Number

For Year Ending December 31, _____

	1 State of Domicile Fees	2 Wisconsin Fees	3 Fees Due (Larger of Column 1 or Column 2 Amount)
1. Annual Statement Filing Fee		\$100.00	
2. Certificate of Authority Fee		\$100.00	
3. Other Fees (Specify Below)		0	
4. TOTAL FEES PAYABLE			

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

<p>For Office Use Only Initial As Vouchered: 1. To Allocation Screen _____ 2. To Amount in Letter _____</p>
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Ref: Sections 601.42 and 611.63 (4), Wis. Stat.



Insurer Name	For Calendar Year Ending December 31, _____
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Each Wisconsin domiciled insurer shall file a Report on Executive Compensation as a supplement to the insurer's annual statement, to be filed with the annual statement on or before March 1. The Report on Executive Compensation shall report on the annual compensation of each director, the chief executive officer, and the four most highly paid officers or employees other than the chief executive officer. In addition, report all officers and employees of the insurer whose compensation exceeds specified amounts. Add additional pages as necessary.

Compensation reported shall consist of any and all gross direct and indirect remuneration paid to or accrued during the report year on behalf of an individual director, officer, or employee, and shall include wages, salaries, bonuses, retirement benefits, deferred compensation, commissions, directors fees, retainers, stock grants, gains from the exercise of stock options, and all other forms of personal compensation.

Report on the compensation of the chief executive officer, and the four most highly paid officers or employees other than the chief executive officer. In addition, report all other officers or employees based on the following schedule:

Insurer's Current Year-end Capital and Surplus	Report for any officer or employee whose total annual compensation is in excess of
Less than \$200,000,000	\$ 80,000
\$200,000,000 to \$400,000,000	\$140,000
More than \$400,000,000	\$200,000

[illegible]

OCI 22-030 (R 12/2001)

Insurer Name	For Calendar Year Ending December 31, _____
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Part 2 Directors Compensation

Report on the compensation of each director or trustee. Amounts disclosed must include compensation paid for services on boards and committees as well as any other activity or service, such as consulting agreements.

Name	Principal Position	Salary	Bonus	All Other Compensation	Total

Part 3 Total Compensation

Report the total compensation paid for all directors as a group and the total compensation paid for all officers as a group.

	Salary	Bonus	All Other Compensation	Total
A. Officers				
B. Directors				

**FRATERNAL EXPENDITURES, ACTIVITIES,
AND PROGRAMS**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 614.01 (1) (a) 2. (b) and
614.82, Wis. Stat.

INSTRUCTIONS: Complete the following report of expenditures and other activities and programs of the fraternal or its members in fulfillment of the purposes of s. 614.01 (1) (b) 2, Wis. Stat., in maintaining the association's fraternal character. Provide such information on a national basis, not limited to Wisconsin expenditures. Forward completed report to the above address by **JUNE 1**.

Name of Fraternal	For Year _____
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I. FRATERNAL ACTIVITIES AND PROGRAMS

List a narrative description of activities and programs of the lodges and the society. For each activity and program and for the items of fraternal character, show the quantitative measure (for example, total acts, total hours, total events, etc.) which describe the activity or program. If additional space is needed, attach additional sheets.

Narrative Description of Activity or Program	Quantitative Measures
A. Fraternal Activities and Programs	

PART I (Continued)

Name of Fraternal	For Year _____
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Narrative Description of Activity or Program	Quantitative Measures
<p>B. Fraternal Character</p>	

Name of Fraternal _____	For Year _____
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II. FRATERNAL EXPENDITURES

Lodge and society expenses which are incurred to fulfill the purposes set forth in s. 614.01 (1) (b) 2, Wis. Stat., should be reported by nature of expense categories (for example, salaries, legal fees and expenses, official publication, etc.). Both direct payments to recipients (for example, scholarships, payments to needy individuals, institutional support) and administrative expenses (for example, rent or occupancy expenses, staff salaries, travel) should be included. Reported expenses are not limited to those included in Exhibits 5 and 6 of the annual statement. If additional space is needed, attach additional sheets.

Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
A. Expenses which appear in Exhibits 5 and 6, annual statement			

PART II (Continued)

Name of Fraternal	For Year _____
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Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
B. Other Expenses which do not appear in Exhibits 5 and 6			

Name of Fraternal _____	For Year _____
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III. ACTIVITIES AND EXPENDITURES TO MAINTAIN FRATERNAL CHARACTER

Lodge and society expenses which are incurred to maintain fraternal character should be reported by nature of expense categories (for example, salaries, legal fees and expenses, local lodge expenses). Both direct payments to maintain fraternal character (for example, annual election expenses, expense of chartering new lodges) and administrative expenses (for example, staff salaries, local lodge meeting expenses) should be included. Reported expenses are not limited to those included in Exhibits 5 and 6 of the Annual Statement. Attach additional pages as necessary.

Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
A. Expenses which appear in Exhibits 5 and 6, annual statement			

PART III (Continued)

Name of Fraternal	For Year _____
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Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
B. Other Expenses which do not appear in Exhibits 5 and 6			

**AUDITED FINANCIAL STATEMENTS
EXEMPTION AFFIDAVIT**

Ref: Chapter Ins 50, Wis. Adm. Code



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Insurer Name	NAIC Group	NAIC Number
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Complete and return this by June 1 only if your company qualifies for Exemption under this section.

I certify that to the best of my knowledge, information, and belief, the above-named insurer is exempt from the audited financial statement filing requirements of ch. Ins 50, Wis. Adm. Code, for the year ending December 31, _____, by virtue of having:

less than \$100,000 in direct premium written in Wisconsin during the year, **AND**;
fewer than \$1,000 policyholders in Wisconsin at the end of the year, **AND**;
less than \$1,000,000 in direct premium written nationwide, **AND**;
less than \$1,000,000 of assumed reinsurance premiums nationwide.

To be signed and filed only if exempt from CPA audit per above.

Title of Officer	Date	Signature of Officer
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Per s. Ins 50.16, Wis. Adm. Code, the insurer may be exempt if it is determined that complying with the rule would constitute a financial or organizational hardship. Requests for exemption under this provision must be made in advance to the Commissioner in writing.

CPA AUDIT CHECKLIST

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Chapter Ins 50, Wis. Adm. Code

Insurer Name	NAIC Group	NAIC Number
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**Complete and return this with your CPA audit report by June 1 unless
a CPA Audit Exemption Certification is filed.**

For Year Ending December 31, _____

1. Name of Certified Public Accountant (CPA) firm engaged to perform insurer audit:

	Circle One	
a. Did company have a change in CPAs this year? If NO, go to question 2. If YES, complete 1 b. - e.	YES	NO
b. Have you notified this office within 5 business days of the dismissal or resignation of the former CPA?	YES	NO
c. Have you submitted a letter, within 15 business days, stating whether in the 24 months preceding the change there were any disagreements with the former CPA as to accounting matters?	YES	NO
d. Have you submitted a letter from the former CPA stating whether they agree with the company's statement in the letter described in item 1 c.?	YES	NO
e. Have you submitted a letter from the new CPA stating an understanding of the provisions of the Wisconsin insurance code and of the rules of the Commissioner relating to accounting and financial matters?	YES	NO

2. In order for your audit report to be complete, it must include the following:

a. The report of the independent certified public accountant?	YES	NO
b. A balance sheet reporting admitted assets, liabilities, capital and surplus?	YES	NO
c. A statement of operations?	YES	NO
d. A statement of cash flows?	YES	NO
e. A statement of changes in capital and surplus?	YES	NO
f. Notes to the financial statements? (Refer to NAIC annual statement instructions.)	YES	NO

3. a. Were audit adjustments made subsequent to the filing of the annual statement? YES NO
- b. If YES, do notes to the financial statements reconcile and explain any differences between the annual statement and the annual report? YES NO

If differences are material, or if adjustments result in insurer not meeting the minimum capital and surplus requirements of the Commissioner, your CPA is required to notify the board of directors or the audit committee of the insurer, in writing, within 5 business days. The insurer is required to forward a copy of the report to the Commissioner within 5 business days of receipt of the report.

Insurer Name

Circle One

4. Have you submitted a consolidated report? YES NO

If YES, complete 4 a., 4 b., and 4 c.

a. Is the company part of a group of insurers which utilizes a pooling or 100% reinsurance agreement that affects the solvency and integrity of the insurer's reserves under which the insurer cedes all direct and assumed business? YES NO

b. Have you attached a worksheet reconciling the consolidated balance sheet to annual statement of the insurers with a column for each insurer and explanations of consolidating and eliminating entries? YES NO

c. Have you obtained approval for consolidating from domiciliary state? (attach copy) YES NO

5. Reconciliation between annual statement and audit report:

	Annual Statement	Audit Report	Difference
a. Admitted Assets			
b. Capital and Surplus			
c. Net Income			

If differences, these have been reconciled in (check one):

☐ Notes to the financial statements

☐ Consolidated worksheets prepared for question No. 4

☐ Other (attach explanations)

6. The due date is **JUNE 1** for all insurers. Have you filed for an extension? YES NO

Requests for extension must be made in writing 10 days before due date of the audit report and must show why the insurer and the CPA consider the extension necessary, including sufficient detail to permit an informed decision on the request.

7. a. AN INTERNAL CONTROL LETTER FROM THE AUDITOR IS REQUIRED IF SIGNIFICANT DEFICIENCIES ARE NOTED, WITHIN 60 DAYS AFTER DUE DATE OF CPA AUDIT REPORT. WAS AN INTERNAL CONTROL LETTER ISSUED? YES NO

b. ANY MATERIAL WEAKNESS NOTED IN THE INTERNAL CONTROL LETTER MUST BE ACCOMPANIED BY A SUMMARY OF ANY REMEDIAL ACTION TAKEN OR PROPOSED. HAS THE COMPANY FILED REMEDIAL ACTION TAKEN WITH THIS OFFICE? YES NO

8. Have you enclosed an accountant's letter of qualifications, pursuant to s. Ins 50.13, Wis. Adm. Code, noting the accountant's understanding that OCI will be relying on the information and agreeing to make work papers available for review? YES NO

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

**HEALTH INSURANCE RISK SHARING PLAN
ASSESSMENT FORM**

State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0091

Ref: Sections 619.13(1)(d) and 601.42(1)(a), Wis. Stat.

INSTRUCTIONS: Pursuant to ss. 619.13(1)(d) and 601.42(1)(a), Wis. Stat., net losses of the Wisconsin Health Insurance Risk Sharing Plan shall be assessed to members. In order that assessments may be made on an equitable basis, you are required to complete the following survey form and return it with your annual statement filing even if your company had no premium to report for the calendar year indicated. IF YOUR COMPANY DOES NOT WRITE ACCIDENT & HEALTH INSURANCE, PLEASE STAMP FORM "NONE" AND RETURN. Questions regarding this form should be addressed to Yvonne Sherry (608) 266-0091.

Name of Company		NAIC Number	Federal Tax ID Number
Street Address and P.O. Box	City	State	Zip + 4
Name of Contact Person			Phone Number ()

Total Direct Wisconsin Accident & Health Premiums Earned or Subscriber Charges from 2001 Annual Statement. Please attach a copy of the applicable page from your annual statement.

Life and Accident and Health Companies	Page 29(WI), Line 26, Col. 2	\$ _____
Property and Casualty Companies	Page 24(WI), Lines 13-15.7, Col. 2	\$ _____
Fraternal Societies	Page 20, Line 24, Col. 3	\$ _____
Health Companies	Page 34(WI), Line 13, Col. 1	\$ _____

Add the following amounts applicable to residents of this state under medical reimbursement plans, such as minimum premium, cost plus, or similar type health care funding arrangements, to the extent they have not been included in premiums reported above:

1. Health care benefits paid by the insurer completing this form, where the insurer has an express or implied obligation to pay such benefits, either directly or contingent upon the failure of an outside party to pay such benefits, regardless of whether such amounts have been prefunded, or are intended to be reimbursed by the outside party. \$ _____
2. All fees, service charges or other revenue received, however designated, for administrative or other services provided in relation to plans covered in paragraph (1) \$ _____

Deduct the following if included above (see definitions on next page):

(Include documentation to support your deduction.)

Automobile Medical Payment	\$ _____
Supplemental Liability Insurance	_____
Credit Insurance	_____
Accident Only	_____
Dental Only, Vision Only, or Drug Only Plans	_____
Income Continuation, Including Short-Term and Long-Term Disability, and Loss of Time	_____
Medicare Cost Reimbursement	_____
Federal Employer Health Benefit Plan	_____

Total Deductions \$ _____

2002 Wisconsin HIRSP Assessment Base \$ _____

Definitions:

Medical Reimbursement Plan means a contract between an insurer and an employer or other entity which:

1. Establishes an obligation by the insurer to employees or their dependents or other individuals to pay expenses they incur for health care; and
2. Obligates the employer or entity to partially or wholly reimburse the insurer based on actual claims paid.

Auto Medical payment is as defined under s. 632.32 (4) (b), Wis. Stat.

Supplemental Liability insurance is as defined under s. Ins 6.75 (2) (d), Wis. Adm. Code:

"Liability and incidental medical expense (other than automobile) insurance--insurance against liability for damages to persons or property, and incidental insurance for medical expenses when written in the same policy but not including any liability insurance defined in s. Ins 6.75, Wis. Adm. Code."

Credit Insurance is as defined in s. Ins 6.75, Wis. Adm. Code:

"Insurance in connection with specific loans or credit transactions against loss of time of debtors resulting from accident or sickness where all or a portion of the insurance is payable to the creditor to reduce or extinguish the debt."

Accident Only Insurance is insurance that provides benefits only if the insured is injured in an accident and only for accident-related expenses.

Dental, Vision, or Drug Only Policies are policies with benefits limited only to dental, vision, or drugs, and must be stand-alone policies. This does not include coverage for these services in comprehensive policies.

The information provided is true and accurate.

Name of Officer (Type or Print)	Title of Officer
Signature of Officer	Date